Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B Page 1 OMB No.: 0938-	
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT	
State/Territory:	
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE	
Payment of Medicare Part A and Part B Deductible/Coinsurance	
Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses th following general method for payment:	e e
<ol> <li>Payments are limited to State plan rates and payment methodologie for the groups and payments listed below and designated with the letters "SP".</li> </ol>	s
For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item this attachment (see 3. below).	
<ol><li>Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."</li></ol>	I
3Payments are up to the amount of a special rate, or according to special method, described on Page 3 in item of this attachmen for those groups and payments listed below and designated with th letters "NR".	ıt,
4. Any exceptions to the general methods used for a particular group payment are specified on Page 3 in item of this attachment (s 3. above).	) O
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	STATE PLAN UNDER	R TITLE XIX	OF THE SOCIAL SECURITY ACT
	State/Territory:	WAS	HINGTON
	METHODS AND STAN		STABLISHING PAYMENT RATES - ES OF CARE
Ī	Payment of Medica	re Part A a	nd Part B Deductible/Coinsurance
QMBs:	Part A NR I	Deductibles	NR Coinsurance
	Part B NR D	eductibles	NR Coinsurance
Other	Part A SP D	eductibles	SP Coinsurance
Medicaid Recipients	Part B SP D	eductibles	SP Coinsurance
Dual	Part A NR D	eductibles	NR Coinsurance
Eligible (QMB Plus)			NR Coinsurance
QMB/QMB Plu	ıs:		
Services no	ot covered by the	e State Plan	is made up to the State Plan rate. but covered by Medicare – Medicar ce is the maximum payment.
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TN No.	11-22	<u> </u>	
Supersedes	Approval D	ate $1/2i/c$	Effective Date

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		STATE PLAN UND	ER TITLE XIX O	F THE SOCIAL SECURITY ACT				
	State/Territory: WASHINGTON							
	METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE							
	Ē	Payment of Medi	care Part A an	d Part B Deductible/Coinsurance				
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TN No.		
		UCEN ID. 7002E